

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

68-025128

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

218

Primary Registration District No.

5784

Registrar's No.

31

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION
BY AFFIDAVIT OF

FILED JUN 25 1963

a. COUNTY **Mississippi**

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN **James Bayou Township**

Length of stay in 1b
Unknown

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION **Miss. River on #8 Island**

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Missouri** b. COUNTY **Scott**

c. CITY OR TOWN **Chaffee**

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
123 (Rear) Yoakum Ave.

Reside on Farm
Yes ☐ No ☐

3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Jerry

Albert

Chiles

4. DATE OF DEATH

Month

Day

Year

June

11

1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☒

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

Nov. 13, 1946

9. AGE (last birthday)

16

IF UNDER 1 YEAR

Months **6** Days **28**

IF UNDER 24 HR

Hours **6** Min. **28**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Student

10b. KIND OF BUSINESS OR INDUSTRY
High School

11. BIRTHPLACE (City and state or country)
Levalle, Missouri

12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

Curtis Leroy Chiles

13b. MOTHER'S MAIDEN NAME

Martha Elvena Treece

14. NAME OF HUSBAND OR WIFE

Does not apply

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.
[Redacted]

17. INFORMANT

Curtis L. Chiles Chaffee, Missouri

Address

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Drowning

INTERVAL BETWEEN ONSET AND DEATH
Instant

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last:

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Fell into Miss. River. He could not

20c. TIME OF INJURY
Hour **[Redacted]** a.m. **[Redacted]** p.m.

swim. Body recovered June 17, 1963.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
Mississippi River

20f. CITY, TOWN, OR LOCATION

Scott County, Missouri

COUNTY

STATE

21. I attended the deceased **after death as coroner.**

and last saw her **him** alive on

Death occurred at **[Redacted]** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Deceased title)

Egan McMillan = **Coroner**

22b. ADDRESS

Charleston, Missouri

22c. DATE SIGNED

6/20/63

23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

23b. DATE

June 19, 1963

23c. NAME OF CEMETERY OR CREMATORY

Morgan Memorial Cem.

23d. LOCATION (City, town, or county)

Advance, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Bisplinghoff Funeral Home Chaffee, Mo.

25. DATE RECD. BY LOCAL REG.

6-21-1963

26. REGISTRAR'S SIGNATURE

David Fitzgibbon

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{Not} embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Jack T. Burnett

Licensed Embalmer No. 4473

P. O. Address Chaffee, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.